

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90271 016 ***150.00

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DOCUMENT # **P93000007368**



1. Entity Name
MIKE O'BRIEN'S POOL STORE, INC.

Principal Place of Business
**42280 SHERIDAN ST.
COOPER CITY FL 33026**

Mailing Address
**42500 SHERIDAN ST.
COOPER CITY FL 33026**



2. Principal Place of Business
2700 Glades Circle

3. Mailing Address

Suite, Apt. #, etc.
115

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Weston FL

City & State

4. FEI Number
65-0383598

Applied For
Not Applicable

Zip
33327

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT ANTHONI
474 NW 118 AVE
CORAL SPRGS FL 33065**

Name
SARL
Street Address (P.O. Box Number is Not Acceptable)
3322 NW 53 Circle

City
Boca Raton, FL Zip Code
33496

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **ROBERT JAY ANTHONI**
STREET ADDRESS **474 NW 118 AVE**
CITY-ST-ZIP **CORAL SPRGS FL 33071**

Change Addition
NAME
STREET ADDRESS **3322 NW 53 Circle**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **VP** Delete
NAME **JACALYN P ANTHONI**
STREET ADDRESS **474 NW 118 AVE**
CITY-ST-ZIP **CORAL SPRGS FL 33071**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERT ANTHONI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Anthoni 4/23/03 954-446-6838
Date Daytime Phone #

CR2E034 (10/02)